

2130 TREATMENT PLANS AND REVIEWS

Chapter: **Sununu Youth Services Center**

Section: **Clinical and Classification**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **18-36**

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Approved:

Joseph E. Ribsant, Jr., DCYF Director

Related Statute(s): [RSA 621](#), and [RSA 621-A](#)
Related Admin Rule(s):
Related Federal Regulation(s): [28 CFR Part 115](#)
PREA Standards [115.342 \(e\)](#), [342 \(f\)](#)

Related Form(s): [FORM 2128](#), [FORM 2129](#),
[FORM 2130](#), [FORM 2138](#), [FORM 2143](#),
[FORM 2186](#), [FORM 2197](#), [FORM 2279](#),
and [FORM 2361](#)
Bridges' Screen(s) and Attachment(s):

Everyone needs and deserves a life of well-being. Upon admission to SYSC, each committed youth will receive a comprehensive assessment to develop a focal treatment plan. The SYSC believes the treatment planning process is an opportunity for engagement which includes clinical interviews with the youth and parent(s)/guardian(s). Treatment Plans will identify and implement the provision of focal treatment services to youth to support their growth and progress in safely returning to their communities.

Purpose

This policy establishes guidelines for the development, use, and review of Focal Treatment Plans for youth committed to the Sununu Youth Services Center (SYSC).

Definitions

"CC" or **"Clinical Coordinator"** means the master level clinical therapist assigned to each youth at SYSC to conduct mental health and behavioral assessment, facilitate individual and family and group therapy, diagnose mental health conditions via DSM5, create Focal Treatment planning for each youth, monitor and report progress to the Treatment Team, the Court, and the Juvenile Parole Board.

"Concurrent Goal" means the alternative plan for the child/youth in placement that will achieve another permanency goal if reunification with a parent is not possible.

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"FTP" or **"Focal Treatment Plan"** means the written, time-limited, goal-oriented, therapeutic plan (Form 2130) developed by the youth, family, and the treatment team which include strategies to address assessed focal areas of behavior that brought the youth into secure placement and is consistent with rehabilitative and restorative practices.

"Intersex" means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

"JPPO" or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

"Nolle Prosequi" means a declaration made to the judge by a prosecutor in a juvenile matter, either before or during trial, meaning the case against the juvenile is being dropped.

"Permanency Goal" means the desired outcome of interventions and services, which is determined to be consistent with the health, safety, well-being, and best interest of the child/youth. For each child/youth, there will be one primary current goal from the following options:

- (1) Maintain in own home;
- (2) Return home (reunification);
- (3) Adoption;
- (4) Legal guardianship; or
- (5) Another Planned Permanent Living Arrangement (APPLA).

"PREA" or "Prison Rape Elimination Act" means the standards enacted on August 20th, 2012 and enforced by the U.S. Department of Justice to eliminate prison rape pursuant to the Prison Rape Elimination Act of 2003.

"Psycho-Social Assessment" means a multi-domain evaluation by a Clinical Coordinator resulting in diagnosis and recommendations.

"SYSC" or the "John H. Sununu Youth Services Center," means the architecturally secure juvenile treatment facility administered by the Division for Children, Youth and Families for committed juveniles and detained youth, and for NH youth involved with the NH court system prior to their adjudication.

"Transgender" means a person whose gender identity (*i.e.*, internal sense of feeling male or female) is different from the person's assigned sex at birth.

"Treatment Plan Meeting" or "TPM" means a meeting to develop or revise a youth's Focal Treatment Plan that initially occurs within one month of a youth's commitment then at least every three months thereafter.

"YC" or "Youth Counselor" means an employee of DCYF who is authorized by the Division to perform functions of the job classification Youth Counselor.

Policy

- I. All committed youth shall have a Focal Treatment Plan (FTP) developed within 30 days of admission to SYSC.
 - A. All focal treatment services shall include measurable goals and objectives.
 1. Schedules of expected completion and actual completion dates shall be monitored and used to measure youth's progress on established objectives.
 - B. Any changes to a youth's Focal Treatment Plan (FTP) shall be according to this policy.

II. The development of a Focal Treatment Plan shall be based on information from:

A. A Comprehensive Assessment completed for Focal Treatment Planning, including:

1. A review of all previous assessments and other documentation as provided by the youth's Juvenile Probation and Parole Officer (JPPO) upon admission, such as:
 - (a) Form 2026 Collateral Contact Sheet;
 - (b) Pre-dispositional Investigation Report, if available;
 - (c) The youth's case plan (Form 1550J or Form 1550CS) if available;
 - (d) The youth's permanency goal and concurrent goal if a case plan is not available;
 - (e) Diagnostic reports and evaluations; and
 - (f) The court order for the commitment of the youth, including all charges;
 - (1) Misdemeanors and felonies must be delineated;
 - (2) All plea deals must be identified;
 - (3) All committing offenses must be delineated; and
 - (4) All charges nolle prosequi must be identified;
2. A review and consideration of all information provided at the youth's Classification Meeting, including, but not limited to:
 - (a) The youth's mental health assessment completed by a CC;
 - (b) The youth's Substance Use/Abuse Assessment completed by a CC who has been trained in the administration of the tool;
 - (c) The youth's Health Assessment, Form 2279 completed by the Medical Department head, or designee;
 - (d) The youth's Educational Assessment completed by the School Principal, or designee;
 - (e) The youth's Spiritual Assessment on Form 2186 completed by the SYSC Chaplain;
 - (f) The youth's Vocational Assessment completed by the DCYF Permanency Specialist or designee;
 - (g) The youth's Permanency Assessment completed by the DCYF Permanency Specialist;

3. Clinical interviews with the youth and parent/guardian to gain their perspective and to enjoin into treatment; and
 4. Review and consideration of other assessments completed upon admission to SYSC, including, but not limited to:
 - (a) Suicidality and depressive symptoms assessed in the first 24 hours after admission;
 - (b) UCLA Trauma Screening;
 - (c) PREA Vulnerability Assessment documented on Form 2197 within 72 hours of admission;
 - (d) Mental Health Screening Assessment completed within five (5) days of admission; and
 - (e) Psychosocial Assessment on Form 2143 completed within seven (7) day of admission; and
 - B. Resident Personal Safety Plan Form 2131 developed pursuant to policy [2131 Proactive Safety Planning](#)
- III. The youth's FTP shall be documented on Form 2130 consisting of three sections based on the results of a youth's Comprehensive Assessment:
- A. Psycho-Social and Clinical Assessment;
 - B. Permanency: Community Reintegration/Transition Tasks; and
 - C. Treatment Plan: Goals, Objectives and Program Updates.
- IV. An initial focal Treatment Plan Meeting (TPM) must be held within 30 days of the youth's admission to SYSC, with subsequent review TPMs scheduled at least every three months thereafter.
- A. Preparing for the initial TPM:
 1. The CC shall tentatively schedule the TPM with the youth's JPPO at the youth's Classification Meeting;
 2. The CC communicates the tentative meeting time (email, verbally, written notice) with the youth, parent/guardian, assigned youth counselor(s), educational staff, and other relevant parties;
 - (a) The youth's assigned JPPO shall be required to attend all TPMs. If the assigned JPPO is unable to attend, the JPPO's immediate Supervisor, or designee, shall attend;
 - (b) The CC coordinates and confirms the meeting date and time with all participants; and
 - (c) The CC records the meeting in the SYSC Clinical Calendar.

3. The youth's assigned YC shall provide the CC with a detailed monthly progress report on the youth for the meeting; and
 4. The CC prepares a preliminary FTP based on all available information for distribution at the TPM.
- B. The CC will chair the TPM and conduct the meeting by ensuring the following:
1. Copies of the following documents are offered for the TPM:
 - (a) The youth's draft FTP, Form 2130 – one copy per attendee;
 - (b) TPM Worksheet;
 - (c) Form 2138 Quarterly Review of Appropriateness of Continued Secure Care;
 - (d) Initial draft Exit Guidelines/Discharge Summary, Form 2361 (if available);
 - (e) Informed Consent and Confidentiality Disclosure for Clinical Services, Form 2128;
 - (f) Authorization – Consent to Exchange Information, Form 2129;
 - (g) TPM Attendance Sheet at the end of Form 2130;
 - (h) Liability Release for SYSC Activities; and
 - (i) Program Orientation/Resident Handbook/Parent Handbook;
 2. The TPM allows respectful discussion of the youth's individual and family focal needs as indicated by current assessments and behavioral presentation; and
 3. The youth and their parent/guardian have an equal voice in the discussion and that their opinions are considered equally with other team members. All youth, especially youth identified as transgender or intersex must have their views on their own personal safety given serious consideration (115.342 (f)).
- C. The following elements must be addressed at the TPM and documented on or with the youth's FTP:
1. Review of assessments including the youth's Form 2197 PREA Vulnerability Assessment Instrument;
 2. Identification of transitional barriers and assignment of tasks;
 3. Review viable exit guidelines including any reparations that remain in the youth's community;
 4. Identification of focal treatment areas;

5. Measurable goals and objectives across all domains including permanency and concurrent permanency planning that is consistent with the youth's Case Plan, if written;
 6. Form 2138 Quarterly Review of Appropriateness of Continued Secure Care, for all but the initial TPM; and
 7. Placement and programming assignments for each youth identified as transgender or intersex shall be reassessed at least twice each year during their TPM to review any threats to safety experienced by the youth (115.342(e));
- D. All attendees sign the FTP attendance sheet to indicate attendance;
1. All attendees in agreement shall be requested to sign the Form 2130 indicating they agree with the FTP;
 2. The CC shall document any attendee refusing to sign due to disagreement and will attempt to explore and resolve the disagreement as the particular circumstances at the time permit;
 - (a) The CC may direct any team member who disagrees with a provision of a youth's FTP to the Administrator of Clinical Services for resolution; and
 - (b) This resolution may include modification to the FTP provision and/or affirmation of the Treatment Team's recommendation.
- E. The CC finalizes the youth's FTP.
- V. The finalized FTP shall be immediately distributed by the CC as follows:
- A. A copy shall be delivered to the:
 1. Youth;
 2. Parent/guardian;
 3. Assigned JPPO; and
 4. Any other identified parties;
 - B. A copy shall be placed in the youth's residential unit binder;
 - C. The CC shall scan and electronically store the signed original Form 2130 in the secure SYSC drive; and
 - D. The CC shall place the signed, original Form 2130 in the youth's clinical record.
- VI. Unplanned Youth Return:
- A. A youth's previous FTP shall be in effect upon a youth's unplanned return from Administrative Release or Parole;

- B. The youth's CC shall schedule a focal TPM within 10 days of a youth's unplanned return as described in section IV of this policy;
- C. Youth experiencing an unplanned return may be subject to an administrative hearing, parole revocation hearing, and/or family court hearing; therefore, treatment planning for the youth is subject to the outcomes of these hearings; and
- D. The youth's Treatment Team may consider reclassification for youth who have returned from Administrative Release or Parole based upon the youth's current assessed needs. See Policy [2140 Classification of Committed Youth](#) for further information.